PAGE 1 / 49

Image# 201507209000323632

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORM 3X	For Other	Than An Aut	horized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR	PRINT ▼	Example: If to		12FE4M5		
American Acader	ny of Family I	Physicians P	olitical Action	Committee	: 		
ADDRESS (number and st	reet)	nnecticut Avenue,	NW				
	Suite 11	00					1
Check if differer than previously reported. (ACC)	Washing	gton			DC	20036	
2. FEC IDENTIFICATI	ON NUMBER ▼	CI	ГΥ 🛦		STATE A	ZIP CC	DDE 🛦
C C00411553		_	S THIS REPORT X	NEW (N) OR	AN (A	MENDED)	
4. TYPE OF REPOR	Rep	oort On:	20 (M2)	May 20 (M5)		20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports	s:	Mai	20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr	20 (M4) X	Jul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Re July 15	eport (Q1) (c)	12-Day PRE-Election	Primary (12P)	General	(12G)	Runoff (12R)
Quarterly Re October 15	eport (Q2)	Report for the:	Convention	on (12C)	Special	(12S)	
Quarterly Re	eport (Q3)		M = M	/ D D /	Y Y Y	in the	
January 31 Year-End Re	. , ,	Election	on on			State	of
July 31 Mid- Report (Non Year Only) (-election	30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination (TER)	Report	Election	on on	/ D D /	Y Y Y	in the State of	of
5. Covering Period	M M / D M	D / Y Y Y Y 2015	throug	h 06	30	2015	
I certify that I have exam	ined this Report a	and to the best of	my knowledge ar	nd belief it is tru	ıe, correct an	d complete.	
Type or Print Name of Tr	easurer Hugh M	Taylor MD					
Signature of Treasurer	Hugh M Taylor M	D	[Electroni	cally Filed]	Date 07	20	2015
NOTE: Submission of false	e, erroneous, or inc	omplete informatio	n may subject the	person signing th	nis Report to t	he penalties of 2	U.S.C. §437g.
Office Use Only						FEC FOF Rev. 12/2	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 06 01 2015 To: 06 30 2015

		COLUMN A This Period	COLUMN B Calendar Year-to-Date				
6.	(a) Cash on Hand January 1, 2015		439447.27				
	(b) Cash on Hand at Beginning of Reporting Period	501817.10					
	(c) Total Receipts (from Line 19)	28408.17	276784.05				
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	530225.27	716231.32				
7.	Total Disbursements (from Line 31)	124196.04	310202.09				
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	406029.23	406029.23				
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00					

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ntributions (other than loans) From:	Total Tills Teriou	- Calendar Tear-to-Date
Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	16278.92	179616.78
(ii) Unitemized	10274.11	91629.42
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	26553.03	271246.20
	0.00	0.00
· ·	0.00	0.00
	0.00	0.00
		5.55
	26553.03	271246.20
	0.00	0.00
,		
Loans Received	0.00	0.00
n Repayments Received	0.00	0.00
1 1		7
· · · · · · · · · · · · · · · · · · ·	1855.14	5537.85
	7	7
Federal Candidates and Other		
itical Committees	0.00	0.00
er Federal Receipts		
	0.00	0.00
nsfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees (i) Itemized (use Schedule A)	Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calendar Tear-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7	
Expenditures	1426.04	5017.09
(c) Total Operating Expenditures	1426.04	5017.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	1426.04	5017.09
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	122700.00	204700.00
and Other Political Committees	122700.00	304700.00
(use Schedule E)	0.00	0.00
. Coordinated Party Expenditures	200	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
. Loan Repayments Made	0.00	0.00
·	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	70.00	485.00
(b) Balikiaal Bark, Carronista	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	3.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))▶	70.00	485.00
. Other Disbursements	0.00	0.00
. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share		
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds (c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	124196.04	310202.09
Total Forburd Birth and in		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	124196.04	310202.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	26553.03	271246.20
4. Total Contribution Refunds (from Line 28(d))	70.00	485.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26483.03	270761.20
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1426.04	5017.09
. Offsets to Operating Expenditures (from Line 15, page 3)	1855.14	5537.85
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-429.10	-520.76

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	=	6	OF	49
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

NAME OF COMMITTEE (In Full)	7 .	o solicit contributions from such committee.
, ,	Physicians Political Action Committe	tee
Full Name (Last, First, Middle Initial) Janet R Albers MD		Date of Receipt
Mailing Address 612 Woodbridge Rd		06 27 2015
City	State Zip Code	Transaction ID : C3039081
Springfield	IL 62711-5666	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer	Occupation	
SIU SOM	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Suzanne M Allen MD		Date of Receipt
Mailing Address 2889 S Swallowtail Ln	06 03 2015	
City	State Zip Code	Transaction ID : C3018670
Boise	ID 83706-6139	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	1000.00
Name of Employer	Occupation	
University of Washington School of Med	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Frederic Baker MD		Date of Receipt
Mailing Address 32 Mark Cir		Date of Receipt
Mark Cir		06 06 _2015 _
City	State Zip Code	Transaction ID : C3021505
Holden	MA 01520-1410	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	43.00
Name of Employer	Occupation	
UMMHC	Family Physician	
CIVIIVII IO	Aggregate Year-to-Date ▼	
Receipt For:		
Receipt For: Primary General	00 0	
Receipt For:	258.00	
Receipt For: Primary General	258.00	1093.00

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	7	OF	49				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Reid B Blackwelder MD		Date of Receipt
Mailing Address 4407 Leedy Rd		06 14 2015
City	State Zip Code	Transaction ID : C3024591
Kingsport	TN 37664-2117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
ETSU	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) Mary F Campagnolo MD		Date of Receipt
Mailing Address 1561 Route 38 Ste 6		06 06 2015
City	State Zip Code	Transaction ID : C3021507
Lumberton	NJ 08048-2939	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	125.00
Name of Employer	Occupation	
Virtua Medical Group	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dennis M Carroll MD		Date of Receipt
Mailing Address 1380 1500th St		06 03 2015
City	State Zip Code	Transaction ID : C3018667
Lincoln	IL 62656-5127	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	•	525.00
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR	PAGE	8	OF	49				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions are for commercial purposes of their than using the purpose of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
/	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) J Logan Casey Mailing Address 206 Sleepy Hollow Cir		Date of Receipt
City Vestavia FEC ID number of contributing federal political committee. Name of Employer Seale Harris Clinic Receipt For: Primary General Other (specify) ▼	State Zip Code AL 35216-1023 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	Transaction ID : C3039558 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Cecilia Ann Collins MD Mailing Address 383 N Roscoe Blvd City Ponte Vedra Beach FEC ID number of contributing federal political committee.	State Zip Code FL 32082-2145	Date of Receipt M
Name of Employer Self Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 520.00	
Full Name (Last, First, Middle Initial) Steven A Crawford MD Mailing Address 900 NE 10th St City Oklahoma City FEC ID number of contributing federal political committee. Name of Employer University of Oklahoma	State Zip Code OK 73104-5420 C Occupation Family Physician	Date of Receipt 06 23 2015 Transaction ID : C3034822 Amount of Each Receipt this Period 416.66
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.96	1301.66
	aber only)	

FOF	PAGE	9	OF	49				
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X	11c	12	2					
	13		14		15	16	6	17

or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Famil	ly Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) James A Ellzy MD		Date of Receipt
Mailing Address 1351 Bryant St NE Apt 4		06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20018-1156	Transaction ID : C3031290 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34.10
Name of Employer Self Employed Receipt For:	Occupation Family Physician Aggregate Year-to-Date ▼	-
Primary General Other (specify) ▼	204.60	
Full Name (Last, First, Middle Initial) Roxanne Fahrenwald Fahrenwa	ald MD	Date of Receipt
Mailing Address 1236 Cedar Canyon Rd	06 24 2015	
City Billings	Transaction ID : C3036440 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Thomas Allen Felger MD		Date of Receipt
Mailing Address 51181 Kings Xing		06 03 2015
City Granger	State Zip Code IN 46530-8812	Transaction ID : C3018712 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Physician	-
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	_
SUBTOTAL of Receipts This Page (options	al)	1034.10
TOTAL This Period (last page this line nur	nber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FO	PAGE	1	10 (OF	49			
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. David Richard Field Field		Date of Receipt
Mailing Address 209 N 7th St		06 24 2015
City Bismarck	State Zip Code ND 58501-4423	Transaction ID : C3036435 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD		Date of Receipt
Mailing Address 510 Aqua Ct City	State Zip Code	06 09 2015
York	PA 17403-3623	Transaction ID : C3022109 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer Strategic Health Institute	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	
Full Name (Last, First, Middle Initial) Deborah Geismar Md Geismar	MD	Date of Receipt
Mailing Address 822 Monroe St		06 24 2015
City Evanston	State Zip Code IL 60202-2615	Transaction ID : C3036465 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer Self	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line numb	per only)	

FOR	LINE	PAGE	. 1	11	OF		49			
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	te name and address of any political committee to	son for the purpose of soliciting contributions of solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Roland Adolph Goertz MD		Date of Receipt
Mailing Address 1600 Providence Dr		06 14 2015
City	State Zip Code	Transaction ID : C3024615
Waco	TX 76707-2261	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
Family Health Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial) Cathy Waterman Grace MD		Date of Receipt
Mailing Address 1051 Boylan Rd		06 15 2015
City	State Zip Code	Transaction ID : C3024704
Bozeman	MT 59715-1503	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	730.00	
Full Name (Last, First, Middle Initial) Cathy Waterman Grace MD		Date of Receipt
Mailing Address 1051 Boylan Rd		06 22 2015
City	State Zip Code	Transaction ID : C3034800
Bozeman	MT 59715-1503	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	730.00	
SUBTOTAL of Receipts This Page (optional)		1730.00
		7 1 7 1
TOTAL This Period (last page this line number	only)	1

ı	FOR LINE	E NUMBER	: PAGE	12 OF	49				
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	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Boyde Jerome Harrison MD		Date of Receipt
Mailing Address 904 26th St		06 07 2015
City	State Zip Code	Transaction ID : C3021538
Haleyville	AL 35565-1719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	84.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	504.00	
Full Name (Last, First, Middle Initial) 3. Eric James Heathers MD		Date of Receipt
Mailing Address 767 Riverview Dr		06 24 _ 2015 _
City	State Zip Code	7 24 2015 Transaction ID : C3036391
Kokomo	IN 46901-7025	Amount of Each Receipt this Period
FEC ID number of contributing	1000 1020	T
federal political committee.	C	250.00
Name of Employer	Occupation	7
Self	Family Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0.0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) C. Daniel J Heinemann MD		Date of Receipt
Mailing Address 1305 W 18th St		06 04 2015
City	State Zip Code	77 Transaction ID : C3034804
Sioux Falls	SD 57105-0401	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
Sioux Valley Health Systems	Family Physician	-
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	750.00	
Other (specify) ▼	750.00	
SUBTOTAL of Receipts This Page (optional))	484.00
	<u> </u>	
TOTAL This Period (last page this line numb	per only)	

FOR LINE NUMBER:						PAGE	 13	OF	49
	(check only one)								
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		13		14		15	16		17

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	y Physicians Political Action Comm	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Mailing Address 1305 W 18th St City Sioux Falls FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems Receipt For: Primary General Other (specify)	State Zip Code SD 57105-0401 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Eileen Horner Md Horner MD Mailing Address 1609 NW 79th Cir City Vancouver FEC ID number of contributing federal political committee.	State Zip Code WA 98665-6626	Date of Receipt 06 03 2015 Transaction ID : C3018707 Amount of Each Receipt this Period 300.00
Name of Employer US Navy Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Rebecca Jaffe Md Mph Jaffe M Mailing Address 3105 Limestone Rd Ste 300 City Wilmington FEC ID number of contributing federal political committee. Name of Employer Rebecca Jaffe and Asso, PA Receipt For: Primary General Other (specify)	State Zip Code DE 19808-2156 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 06 03 2015 Transaction ID : C3018683 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional	ıl) >	1450.00
TOTAL This Period (last page this line num	nber only)	

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or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	the name and address of any political committee to Physicians Political Action Commit	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Jessica Johnson MD Mailing Address 3303 SW Hume St City Portland FEC ID number of contributing federal political committee. Name of Employer OHSU Receipt For: Primary General Other (specify)	State Zip Code OR 97219-3738 C Occupation Family Physician Aggregate Year-to-Date ▼ 210.00	Date of Receipt 06 09 2015 Transaction ID : C3021985 Amount of Each Receipt this Period 35.00
Full Name (Last, First, Middle Initial) Gregory King MD Mailing Address 1120 Vail Rd City Bennington FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code VT 05201-9597 C Occupation Family Physician Aggregate Year-to-Date ▼ 220.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robyn A Liu MD Mailing Address 1604 SE Stark St City Portland FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code OR 97214-1459 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line number	<u> </u>	140.00

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Christopher M Mahr MD		Date of Receipt
Mailing Address 3085 Firestone Ct		06 10 2015
City	State Zip Code	Transaction ID : C3022511
Sumter	SC 29150-7075	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.50
Name of Employer	Occupation	
Colonial Family Practice	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	297.00	
Full Name (Last, First, Middle Initial) Douglas Wayne Martin MD	,	Date of Receipt
Mailing Address 331 W Pinehurst Trl		M = M / D = D / Y = Y = Y
City	State Zip Code	06 15 2015
Dakota Dunes	SD 57049-5234	Transaction ID : C3048113 Amount of Each Receipt this Period
FEC ID number of contributing		Amount of Each Heceipt this Fellou
federal political committee.	C	365.00
Name of Employer	Occupation	
St Lukes Regional Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Kevin B Martin MD	'	Date of Receipt
Mailing Address 2903 219th Ave E		06 26 2015
City Lake Tapps	State Zip Code WA 98391-5634	Transaction ID : C3038138 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	-
Life Care Physician Services	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	300.00	I .

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
/	/ Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Barbara A Matthews MD Mailing Address 15 Arbor Way Dr		Date of Receipt
	State 7in Code	06 08 2015
City Decatur	State Zip Code GA 30030-1300	Transaction ID : C3021588 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer	Occupation	
Self Employed Receipt For:	Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
Full Name (Last, First, Middle Initial) 3. Caroline Mapuana Mee MD		Date of Receipt
Mailing Address 4004 Poli Hiwa Pl	06 24 2015	
City	State Zip Code	Transaction ID : C3036383
Honolulu	HI 96817-1005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		06 03 2015
City Brent	State Zip Code AL 35034-0289	Transaction ID : C3018704 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	575.00	
SUBTOTAL of Receipts This Page (optional)	335.00
TOTAL This Period (last page this line num	<u></u>	

West Wichita Family Physicians

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) John S Meigs MD Date of Receipt Mailing Address PO Box 289 100 Serendipity Dr 2015 15 City State Zip Code Transaction ID: C3024698 35034-0289 ΑL **Brent** Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 575.00 Other (specify) Full Name (Last, First, Middle Initial) B. Todd A Miller MD Date of Receipt Mailing Address 8200 W Central Ave 06 20 2015 City State Zip Code Transaction ID: C3034237 Wichita KS 67212-9503 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation

		priysiciari	
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
C.	Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt
	Mailing Address 44818 Oro Grande Cir		06 28 2015
	City	State Zip Code	Transaction ID : C3039108
	Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Eisenhower Medical Associates	Family Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	1250.00	

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SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

665.00

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49

for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Dale C Moquist MD Date of Receipt Mailing Address 4318 Lake Walk Ct 2015 09 City Zip Code State Transaction ID: C3047874 Missouri City TX 77459-3268 Amount of Each Receipt this Period FEC ID number of contributing 91.66 federal political committee. Name of Employer Occupation Retired Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 549.96 Other (specify) Full Name (Last, First, Middle Initial) B. Mary S Nguyen MD Date of Receipt Mailing Address 5727 Welsch Vw 06 02 2015 City State Zip Code Transaction ID: C3017499 TX San Antonio 78249-3149 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Name of Employer Occupation Medina Valley Family Practice Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carl Raymond Olden MD Date of Receipt Mailing Address 311 S 72nd Ave 06 07 2015 City Zip Code State Transaction ID: C3021540 WA Yakima 98908-1661 Amount of Each Receipt this Period FEC ID number of contributing 100.00 С federal political committee. Name of Employer Occupation Family Physician Yakima Valley Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 226.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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(check only one)									
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American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Gwendolyn A Oran MD Mailing Address 295 Lakepoint PI N City State Zip Code Keizer OR 97303-8318 FEC ID number of contributing federal political committee. Name of Employer Self Family Physician Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Javette C Orgain MD Mailing Address PO Box 806527 City State Zip Code Chicago IL 60680-4126	Date of Receipt O6 08 2015
Mailing Address PO Box 806527 City State Zip Code	Transaction ID : C3021577 Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. Name of Employer Vitas Innovative Hospice Receipt For: Primary General Other (specify) ▼ Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 06 28 2015 Transaction ID: C3039109 Amount of Each Receipt this Period 110.00
Full Name (Last, First, Middle Initial) Charles Ted Paulk MD Mailing Address 1502 Colgate Ct City State Zip Code Dothan AL 36303-5909 FEC ID number of contributing federal political committee. Name of Employer 1st MED of Dothan Physician Receipt For: Primary General Other (specify) 370.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) A. David C Rau MD Date of Receipt Mailing Address 4232 N Riverside Dr 2015 15 City State Zip Code Transaction ID: C3024712 IN 47203-1121 Columbus Amount of Each Receipt this Period FEC ID number of contributing C 370.00 federal political committee. Name of Employer Occupation Rau Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) \blacktriangledown 370.00 Full Name (Last, First, Middle Initial) B. Robert Chuck Rich MD Date of Receipt Mailing Address PO Box 10

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City Bladenboro	State Zip Code NC 28320-0010	Transaction ID : C3036517 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Self Employed	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) C. Elisabeth L Righter MD		Date of Receipt
Mailing Address 267 Park Dr City	State Zip Code	06 09 2015 Transaction ID : C3022110
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

520.00

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Full Name (Last, First, Middle Initial) c. Flora F Sadri-Azarbayejani DO Date of Receipt Mailing Address 427 S Mountain Rd 06 19 2015 City State Zip Code Transaction ID: C3031292 MA Northfield 01360-9684 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2300.00

FOR LINE NUMBER: PAGE 22 OF Use separate schedule(s) (check only one) X 11a 11b 11c

49

for each category of the 12 Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Sarah L Sams MD Date of Receipt Mailing Address 2994 Frazell Rd 2015 City Zip Code State Transaction ID: C3022891 OH Hilliard 43026-9785 Amount of Each Receipt this Period FEC ID number of contributing 120.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen M Santi MD Date of Receipt Mailing Address 942 Tall Pine Dr 06 03 2015 City State Zip Code Transaction ID: C3018715 FL Port Orange 32127-7702 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dean A Schultz MD Date of Receipt Mailing Address 1850 Hickory St 06 24 2015 City Zip Code State Transaction ID: C3036466 TX Abilene 79601-2325 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Family Physician Self Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 720.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 23 OF Use separate schedule(s) (check only one) X 11a 11b 11c

49

for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Linda Marie Siy MD Date of Receipt Mailing Address 4133 Bilglade Rd 2015 27 City Zip Code State Transaction ID: C3047875 TX Fort Worth 76109-5436 Amount of Each Receipt this Period FEC ID number of contributing 36.50 federal political committee. Name of Employer Occupation University of North Texas Health Scien Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 219.00 Other (specify) Full Name (Last, First, Middle Initial) B. Windel A Stracener MD Date of Receipt Mailing Address 1333 Hunters Pointe Dr 06 2015 11 City State Zip Code Transaction ID: C3022892 IN Richmond 47374-7184 Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Glen R Stream MD Date of Receipt Mailing Address 44818 Oro Grande Cir 06 21 2015 City State Zip Code Transaction ID: C3034243 CA Indian Wells 92210-7411 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Eisenhower Medical Associates physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 486.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

49

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Stacy J Taylor MD Date of Receipt Mailing Address 173 E Cotton Hill Rd 01 2015 City State Zip Code Transaction ID: C3017309 CT New Hartford 06057-3524 Amount of Each Receipt this Period FEC ID number of contributing 31.00 federal political committee. Name of Employer Occupation Charlotte Hungerford Hospital Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 236.00 Other (specify) Full Name (Last, First, Middle Initial) B. Lloyd P Van Winkle MD Date of Receipt Mailing Address PO Box 960 06 02 2015 City State Zip Code Transaction ID: C3017500 TX Castroville 78009-0960 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Medina Valley Family Practice Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bruce Alan Wallstedt MD Date of Receipt Mailing Address 6323 Canterbury Close 06 10 2015 City Zip Code State Transaction ID: C3022514 TN **Brentwood** 37027-4870 Amount of Each Receipt this Period FEC ID number of contributing 36.50 С federal political committee. Name of Employer Occupation Family Physician Self Employed Receipt For: Aggregate Year-to-Date ▼ Primary General 146.00 Other (specify) 117.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	X 11a	11b	11c	12			
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	statements may not be sold or used by any persol e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) A. Kevin S Wang MD		Date of Receipt
Mailing Address 1823 Terry Ave		M M / D D / Y Y Y Y
Apt 1609		06 24 2015
City	State Zip Code	Transaction ID : C3036090
Seattle	WA 98101-2406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Swedish Medical Center	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggrogate rear-to-Date ▼	
Other (specify) ▼	600.00	
Full Name (Last, First, Middle Initial) 3. Robert J Weber MD		Date of Receipt
Mailing Address 1375 Meadowridge Rd		06 22 _2015 _
City	State Zip Code	Transaction ID : C3034801
Watsonville	CA 95076-0356	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	250.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	620.00	
Full Name (Last, First, Middle Initial) C. Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		06 08 2015
City	State Zip Code	Transaction ID : C3021562
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Southern Health	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	only)	16278.92

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 OF 49 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Ph	ysicians	Political Action Comm	nittee
Full Name (Last, First, Middle Initial) A. American Academy of Family Physician Mailing Address 11400 Tomahawk Creek Pkwy City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KS	Zip Code 66211-2672 Year-to-Date ▼	Date of Receipt M M M
Full Name (Last, First, Middle Initial) American Academy of Family Physicial Mailing Address 11400 Tomahawk Creek Pkwy City Leawood FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State KS	Zip Code 66211-2672 Year-to-Date ▼ 5537.85	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State C Occupation Aggregate	Zip Code Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			1855.14

TOTAL This Period (last page this line number only).....

1855.14

SCHEDULE B (FEC Form 3X)		, FOR	LINE	NUMBER	:		PAGE	27	OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(0)	ck only				04 5		
	Detailed Summary Page		21b 27	22 28a	23 28b	Ш	24 28c	25 29	26 30l
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or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)									
American Academy of Family Phys	sicians Political Act	ion Cor	nmitt	tee					
Full Name (Last, First, Middle Initial)				.	, p				
A. American Express				Date o	f Disburs			Y	V
Mailing Address PO Box 53852				06		01		2015	4
City	State Zip Code			Trans	saction ID) : D10	66393		
Phoenix Purpose of Disbursement	AZ 85072-3852	1		· · · · · ·	Jaou 1011 12				
Bank card processing fee				Amoun	t of Each	Disb	urseme	ent this	Period
Candidate Name		Catego				_		1.	4.99
Office Sought: House Disburse	ment For:	Туре	•		- 7	-	7	1,	7.55
Senate Dispurse	Primary General								
President	Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial)									
B. American Express				Date o	f Disburs	ement			
Mailing Address PO Box 53852				06		01		2015	Y
City Phoenix	State Zip Code AZ 85072-3852			Trans	saction II	D : D1	66394		
Purpose of Disbursement Bank card processing fee	333.2 3332		\neg	A	+ of [Diet		- الله المسا	Dorin d
Candidate Name		-	ا لِب	Amoun	t of Each	UISD	urseme	ent this	Period
		Catego Type				_	,		7.95
Office Sought: House Disburse	ment For:	1							
Senate	Primary General								
President State: District:	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
C. American Express				Date o	f Disburs	ement	t		
Mailing Address PO Box 53852				M M M		03		2015	Y
Mailing Address FO DUX 03002				00				2010	
City	State Zip Code AZ 85072-3852			Trans	saction ID) : D1	66582		
Phoenix Purpose of Disbursement	AZ 85072-3852								
Bank card processing fee				Amoun	t of Each	Disb	urseme	ent this	Period
Candidate Name		Catego				_	-		3.25
Office Sought: House Disburse	ment For:	Туре	,		- 7	-	7		
Senate	Primary General								
President	Other (specify) ▼								
State: District:									
SUBTOTAL of Disbursements This Page (optional).								26	5.19
SOBTOTAL OF DISDUISEMENTS THIS Fage (optional).			·· •	-	- 1	\Rightarrow	7		=
TOTAL This Period (last page this line number only	r)		▶		-		,		

SCHEDULE B (FEC Form 3X)	Has appropriate a 1 - 1 - 1 - 1 - 1 - 1	FOR LINE		PAGE 28 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stater	nents may not be sold or use			
or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full)		_		
American Academy of Family Phys	sicians Political Actio	n Committ	ee	
Full Name (Last, First, Middle Initial)				
A. American Express			Date of Disburseme	
Mailing Address PO Box 53852			06 08	2015
City	State Zip Code		Transaction ID : D	1166594
Phoenix	AZ 85072-3852		Transaction ID : L	7100004
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		0.05
000		Туре		0.65
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District:	• • • •			
Full Name (Last, First, Middle Initial)				
B. American Express			Date of Disburseme	ent
Mailing Address PO Box 53852			M = M / D = D 06 10	2015
Mailing Address PO Box 53852			00 10	2013
	State Zip Code AZ 85072-3852		Transaction ID : [D166585
Phoenix Purpose of Disbursement	AZ 85072-3852			
Bank card processing fee			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		1.48
Office Sought: House Disburser	mont For:	Туре		1.40
Senate Dispurse	Primary General			
President	Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)				
C. American Express			Date of Disburseme	_
Mailing Address PO Box 53852			06 11	2015
City	Ctata Zin Cada			
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID:	D166586
Purpose of Disbursement Bank card processing fee				
Candidate Name			Amount of Each Dis	sbursement this Period
Candidate Name		Category/ Type		3.74
Office Sought: House Disbursel	ment For:	Турс		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				5.87
CODITION DISSUITATION THIS I age (optional)				
TOTAL This Period (last page this line number only))			

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NAME Am Full N A. Am	emmercial purposes, other than using the name of COMMITTEE (In Full) erican Academy of Family Physiame (Last, First, Middle Initial)	Detailed Summary Page ments may not be sold or me and address of any pol	used by any p	7 28a 28l	b 28c 29 30b e of soliciting contributions
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NAME Am Full N A. Am	emmercial purposes, other than using the name of COMMITTEE (In Full) erican Academy of Family Physiame (Last, First, Middle Initial)	me and address of any pol			
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Full N A. Am	Jame (Last, First, Middle Initial)	sicians Political Act			
A . Am	,		ion Comm	nittee	
Mailin	erican Express			Date of Disbur	
	g Address PO Box 53852			06	12 2015
City		State Zip Code		Transaction	ID : D166587
Phoe		AZ 85072-3852		— ITAIISACIIOII	. D100301
	ose of Disbursement c card processing fee			Amount of Eac	ch Disbursement this Period
Cand	idate Name		Category/ Type		11.38
Office	Sought: House Disburse	ment For:	Туре		
	Senate	Primary General			
0	President	Other (specify) ▼			
State					
	Jame (Last, First, Middle Initial)			Date of Disbur	reamant
D. AIII	erican Express				D / Y Y Y Y
Mailin	g Address PO Box 53852			06	15 2015
City Phoe	nix	State Zip Code AZ 85072-3852		Transaction	ID : D166588
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C.	Purpose of Disbursement Campaign contribution Candidate Name Rep. Ann McLane Kuster Office Sought: State: NH District: 02 Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS Mailing Address 1736 Franklin Street #550 City Oakland Purpose of Disbursement Campaign contribution Candidate Name Rep. Barbara Lee Office Sought: House Senate President Disbursement Campaign Contribution Disbursement Campaign Contribution Candidate Name Rep. Barbara Lee	nent For: 2 Primary Other (spec	016 General ify) ▼ Zip Code 94612 016 General	Type Category/	Date of Dis	bbursement 08 2015 on ID: D166430 Each Disbursement this	Period 10.00
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	Purpose of Disbursement Campaign contribution Candidate Name Rep. Ann McLane Kuster Office Sought: State: NH District: 02 Full Name (Last, First, Middle Initial) BARBARA LEE FOR CONGRESS Mailing Address 1736 Franklin Street #550 City S Oakland Purpose of Disbursement Campaign contribution Candidate Name Rep. Barbara Lee Office Sought: House Senate President State: CA District: 09	nent For: 2 Primary Other (spec	016 General ify) ▼ Zip Code 94612 016 General ify) ▼	Category/ Type	Date of Dis	bbursement 08 2015 on ID: D166430 Each Disbursement this	Period 10.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 35 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)	
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NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	icians Political Actio	n Committ	ee	
		-		
Full Name (Last, First, Middle Initial)	20		Data of Dishuraamant	
A. BRAD ASHFORD FOR CONGRES	55		Date of Disbursement	
Mailing Address PO BOX 24023			M M / D D / 06 17	2015
•	State Zip Code		Transaction ID : D16	6614
OMAHA Purpose of Disbursement	NE 68124			
Campaign contribution			Amount of Each Disbu	rsement this Period
Candidate Name		Category	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Rep. Brad Ashford		Category/ Type		2500.00
Office Sought: House Disbursen	nent For: 2016			
	Primary General			
State: NE District: 02	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. CHARLES BOUSTANY JR. MD FO	OR CONGRESS IN	_	Date of Disbursement	
- CHARLES BOOSTAINT SIX. MDT	on condition, in	J.	M M / D D /	YYYY
Mailing Address PO Box 80126			06 02	2015
City	State Zip Code		Transaction ID : D16	6101
Lafayette	LA 70598		Transaction iD . DTo	0101
Purpose of Disbursement Campaign contribution			Amount of Each Disbu	reamont this Pariod
Candidate Name			Amount of Lacif Disbu	Sement this Fellou
Rep. Charles Boustany Jr.		Category/ Type		2500.00
	nent For: 2016	71	,	•
	Primary General			
	Other (specify) ▼			
State: LA District: 07				
Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. BENISHEK FOR CONGRESS, INC	, .		M M / D D /	YYYY
Mailing Address PO BOX 2012			06 19	2015
	State Zip Code		Transaction ID : D16	6676
KINGSFORD Purpose of Disbursement	MI 49802			
Campaign contribution		· · ·	Amount of Each Disbu	reament this Pariod
Candidate Name		Category/	7 and an each Blood	
Rep. Dan Benishek		Type		2500.00
	nent For: 2018			
	Primary General			
State: MI District: 01	Other (specify) ▼			
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SUBTOTAL of Disbursements This Page (optional)				7500.00
TOTAL This Period (last page this line number only)				,

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NAME OF COMMITTEE (In Full)	9 110 1141110 4114 40	and the second second	u. 00				
American Academy of Famil	v Physicians	Political Actio	n Commit	tee			
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Full Name (Last, First, Middle Initial)				5 . (5)			
A. PEOPLE FOR DEREK KILM	1ER			Date of Dis	bursement		
Mailing Address PO Box 1381				06	08	2015	
maining / tau. eee C Box 1001				oo	00	2010	
City	State	Zip Code		Transactio	on ID : D166	5436	
Tacoma	WA	98401-1381		Transacu	01110.0100	J430	
Purpose of Disbursement Campaign contribution				Amount of	Fach Dishur	sement thi	s Period
Candidate Name			0.1	7 tillount of	Luon Diobui		5 1 01100
Rep. Derek Kilmer			Category/ Type			25	500.00
•	Disbursement For:	2016			,		
Senate	Primary	General					
President	Other (sp	ecify) 🔻					
State: WA District: 06							
Full Name (Last, First, Middle Initial) B. DIANA DEGETTE FOR COI	NCDESS			Date of Dis	hursement		
DIANA DEGETTE FOR COI	NGRESS			M M /		YYY	/ V
Mailing Address P.O. Box 61337				06	02	2015	
City	State	Zip Code		Transacti	on ID : D16	6098	
City Denver Purpose of Disbursement	State CO	Zip Code 80206		Transacti	on ID : D16	6098	
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Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette	со	80206	Category/ Type			sement thi	s Period
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Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate	CO Disbursement For: Primary	2016 General				sement thi	
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Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President	CO Disbursement For: Primary	2016 General				sement thi	
Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01	Disbursement For: Primary Other (sp	2016 General			Each Disbur	sement thi	
Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. BLUMENAUER FOR CONG	Disbursement For: Primary Other (sp	2016 General		Amount of Date of Dis	Each Disbur	rsement thi	500.00
Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial)	Disbursement For: Primary Other (sp	2016 General		Amount of	Each Disbur	esement thi	500.00
Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. BLUMENAUER FOR CONG Mailing Address 830 NE Holladay, #105	Disbursement For: Primary Other (sp	2016 General secify)		Date of Dis	Each Disbur	rsement thi	500.00
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Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. BLUMENAUER FOR CONG Mailing Address 830 NE Holladay, #105 City Portland Purpose of Disbursement Campaign contribution	Disbursement For: Primary Other (sp	2016 General secify) ▼	Type	Date of Dis	bursement 08 on ID : D166	25 25 25 25 25 25 25 25 25 25 25 25 25 2	500.00 Y
Denver Purpose of Disbursement Campaign contribution Candidate Name Rep. Diana DeGette Office Sought: House Senate President State: CO District: 01 Full Name (Last, First, Middle Initial) C. BLUMENAUER FOR CONG Mailing Address 830 NE Holladay, #105 City Portland Purpose of Disbursement Campaign contribution Candidate Name	Disbursement For: Primary Other (sp	2016 General secify) ▼	Type Category/	Date of Dis	bursement 08 on ID : D166	25 2015 2015	500.00 Y
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SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 37 OF 49	
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or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)		•		
$ \; angle$ American Academy of Family Phys	sicians Political Acti	on Committ	ee	
Full Name (Last, First, Middle Initial)				
A. PERLMUTTER FOR CONGRESS			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 3440 Youngfield Street			06 08 2015	
City	State Zip Code			
Wheat Ridge	CO 80033		Transaction ID : D166442	
Purpose of Disbursement				
Campaign contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	2500.00	
Rep. Ed Perlmutter	mont For: 2040	Туре	200.00	
Office Sought: House Disburser Senate	ment For: 2016 Primary General			
President	Other (specify)			
State: CO District: 07	₹			
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF ELIZABETH ESTY			Date of Disbursement	
			M - M / D - D / Y - Y - Y	
Mailing Address PO Box 61			06 17 2015	
City	State Zip Code			
Cheshire	CT 06410-0061		Transaction ID : D166616	
Purpose of Disbursement Campaign contribution				
Campaign contribution Candidate Name			Amount of Each Disbursement this Period	
Rep. Elizabeth Esty		Category/ Type	2500.00	
•	ment For: 2016	туре		
Senate	Primary General			
President	Other (specify) ▼			
State: CT District: 05				
Full Name (Last, First, Middle Initial)				
C. JENKINS FOR CONGRESS			Date of Disbursement	
Mailing Address PO BOX 727			06 19 2015	
maining / ladrose O BOX /2/			10 100	
City	State Zip Code		Transaction ID : D166677	
HUNTINGTON	WV 25711		Transaction is . Stocott	
Purpose of Disbursement Campaign contribution			A (5 B)	
Candidate Name		Catananii	Amount of Each Disbursement this Period	
Rep. Evan H. Jenkins		Category/ Type	2500.00	
Office Sought: House Disburser	ment For: 2018		, , , , , , , , , , , , , , , , , , , ,	
Senate	Primary General			
President Picture 22	Other (specify) ▼			
State: WV District: 03				
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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 38 OF 49
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American Academy of Family Phys	cicians Political Δctic	on Committe	20	
		or Committee		
Full Name (Last, First, Middle Initial)				
A. GRAHAM FOR CONGRESS			Date of Disburseme	
Mailing Address PO BOX 310			06 17	2015
maming readings to BOX 010				2010
,	State Zip Code		Transaction ID : D	166617
TALLAHASSEE	FL 32302		Transaction ib . b	100017
Purpose of Disbursement Campaign contribution			Amount of Each Dis	bursement this Period
Candidate Name		Catanamii	Amount of Edon Bio	sourcement this i chou
Rep. Gwen Graham		Category/ Type		2500.00
•	nent For: 2016	71	,	,
Senate	Primary General			
President	Other (specify) ▼			
State: FL District: 02				
Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN			Date of Disburseme	nt
FRIENDS OF JIM CLIBORN			M M / D D	/
Mailing Address PO BOX 12567			06 08	2015
,	State Zip Code		Transaction ID : D	166434
City COLUMBIA Purpose of Disbursement	State Zip Code SC 29211		Transaction ID : D	166434
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COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn	SC 29211	Category/ Type		
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Disburser	SC 29211 nent For: 2016			bursement this Period
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Disburser	nent For: 2016 Primary General			bursement this Period
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Disburser	SC 29211 nent For: 2016			bursement this Period
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COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President Disburser	nent For: 2016 Primary General Other (specify)			sbursement this Period 5000.00
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT	nent For: 2016 Primary General Other (specify)		Amount of Each Dis	sbursement this Period 5000.00
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial)	nent For: 2016 Primary General Other (specify)		Amount of Each Dis	sbursement this Period 5000.00
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT Mailing Address PO Box 21786	nent For: 2016 Primary General Other (specify)		Date of Disburseme	sbursement this Period 5000.00 nt / Y Y Y Y Y Y Y Y 2015
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COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT Mailing Address PO Box 21786 City Seattle Purpose of Disbursement Campaign contribution Candidate Name	sc 29211 ment For: 2016 Primary General Other (specify) ▼ State Zip Code	Type Category/	Date of Disburseme	166429
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT Mailing Address PO Box 21786 City Seattle Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim McDermott	nent For: 2016 Primary General Other (specify) State Zip Code WA 98111	Type	Date of Disburseme	obursement this Period 5000.00 nt / Y Y Y Y Y Y Y Y Y 2015 1166429 Subursement this Period
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COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT Mailing Address PO Box 21786 City Seattle Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim McDermott Office Sought: House Senate President State: WA District: 07	nent For: 2016 Primary General Other (specify) State Zip Code WA 98111 nent For: 2016 Primary General Other (specify) Other (specify)	Type Category/ Type	Date of Disburseme	obursement this Period 5000.00 nt / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
COLUMBIA Purpose of Disbursement Campaign contribution Candidate Name Rep. James E. Clyburn Office Sought: House Senate President State: SC District: 06 Full Name (Last, First, Middle Initial) C. FRIENDS FOR JIM MCDERMOTT Mailing Address PO Box 21786 City Seattle Purpose of Disbursement Campaign contribution Candidate Name Rep. Jim McDermott Office Sought: House Senate President Senate President Disburser	nent For: 2016 Primary General Other (specify) State Zip Code WA 98111 nent For: 2016 Primary General Other (specify) Other (specify)	Type Category/ Type	Date of Disburseme	obursement this Period 5000.00 nt / Y Y Y Y Y Y Y Y 2015 1166429 Subursement this Period

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or for commercial purposes, other than using the nat			
NAME OF COMMITTEE (In Full)			
American Academy of Family Phys	sicians Political Action	n Committe	ee
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF JOE HECK			Date of Disbursement
Mailing Address PO Box 750114			06 08 2015
City	State Zip Code		
Las Vegas	NV 89136		Transaction ID : D166440
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Joe Heck		Туре	2500.00
Office Sought: House Disburse Senate President	ment For: 2016 Primary General Other (specify) ▼		
State: NV District: 03			
Full Name (Last, First, Middle Initial)			
B. FLEMING FOR CONGRESS			Date of Disbursement
Mailing Address PO Box 1236			06 08 2015
	State Zip Code		2013
	State Zip Code		
City Minden			Transaction ID : D166441
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Minden Purpose of Disbursement Campaign contribution			Transaction ID : D166441 Amount of Each Disbursement this Period
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Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming	LA 71058-1236	Category/ Type	
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President President			Amount of Each Disbursement this Period
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President State: LA District: 04	ment For: 2016 Primary General		Amount of Each Disbursement this Period
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President State: LA District: 04 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General Other (specify) The state of the stat		Amount of Each Disbursement this Period 5000.00
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President State: LA District: 04	ment For: 2016 Primary General Other (specify) The state of the stat		Amount of Each Disbursement this Period 5000.00 Date of Disbursement
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President State: LA District: 04 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General Other (specify) The state of the stat		Amount of Each Disbursement this Period 5000.00
Minden Purpose of Disbursement Campaign contribution Candidate Name Rep. John Fleming Office Sought: House Senate President State: LA District: 04 Full Name (Last, First, Middle Initial) C. JULIA BROWNLEY FOR CONGR	ment For: 2016 Primary General Other (specify) The state of the stat		Amount of Each Disbursement this Period 5000.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 40 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)	
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NAME OF COMMITTEE (In Full)	and dad occ or any pon			
American Academy of Family Phys	icians Political Δct	ion Committ	00	
American Academy of Family Frigs	oldina i Olitical Act			
Full Name (Last, First, Middle Initial)				
^{A.} KURT SCHRADER FOR CONGRE	ESS		Date of Disburseme	nt
Mailing Address PO Box 3314			06 08	2015
Maining Address 1 O Box 3314			00 00	2010
,	State Zip Code		Transaction ID : D	166438
Oregon City	OR 97045		Transaction ib . b	100430
Purpose of Disbursement Campaign contribution			Amount of Each Dis	bursement this Period
Candidate Name		Catamanul	7 and and of Edon Bio	
Rep. Kurt Schrader		Category/ Type		2500.00
Office Sought: House Disburser	nent For: 2016			
	Primary General			
President President	Other (specify) ▼			
State: OR District: 05				
Full Name (Last, First, Middle Initial) B. KYRSTEN SINEMA FOR CONGR	ESS		Date of Disburseme	nt
- KIKSTEN SINLIVIA I OK CONGK	LOO		M M / D D	/ Y Y Y Y
Mailing Address PO BOX 25879			06 17	2015
,	State Zip Code		Transaction ID : D	166619
City STEMPE Purpose of Disbursement	State Zip Code AZ 85285		Transaction ID : D	166619
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TEMPE Purpose of Disbursement Campaign contribution Candidate Name Rep. Kyrsten Sinema	AZ 85285	Category/ Type		
TEMPE Purpose of Disbursement Campaign contribution Candidate Name Rep. Kyrsten Sinema Office Sought: House Disburser	AZ 85285 nent For: 2016			bursement this Period
TEMPE Purpose of Disbursement Campaign contribution Candidate Name Rep. Kyrsten Sinema Office Sought: House Senate Disburser	nent For: 2016 Primary General			bursement this Period
TEMPE Purpose of Disbursement Campaign contribution Candidate Name Rep. Kyrsten Sinema Office Sought: House Disburser	AZ 85285 nent For: 2016			bursement this Period
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAG	GE 41 OF 49
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or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
American Academy of Family Phys	icians Political Actio	n Committ	ee	
		-		
Full Name (Last, First, Middle Initial) A. MORGAN GRIFFITH FOR CONGE	DECC		Date of Disbursement	
A. MORGAN GRIFFITH FOR CONGR	(ESS			YYY
Mailing Address PO BOX 361			06 03	2015
,	State Zip Code VA 24068		Transaction ID : D16640	6
CHRISTIANSBURG Purpose of Disbursement	VA 24068			
Campaign contribution			Amount of Each Disbursen	nent this Period
Candidate Name		Category/		1007.11
Rep. Morgan Griffith		Type		1000.00
	nent For: 2016			
Senate President	Primary General			
State: VA District: 09	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. NANCY PELOSI FOR CONGRESS	3		Date of Disbursement	
			M M / D D / Y	- Y - Y - Y
Mailing Address 607 14th Street, NW			06 03	2015
•	State Zip Code		Transaction ID : D16640	5
Washington Purpose of Disbursement	DC 20005			
Campaign contribution		· · · · · ·	Amount of Each Disbursen	ment this Period
Candidate Name		Category/		
Rep. Nancy Pelosi		Type		2500.00
	nent For: 2016			
	Primary General			
President State: CA District: 08	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. TIBERI FOR CONGRESS			Date of Disbursement	
			M M / D D / Y	YYY
Mailing Address 2931 E Dublin Granville Road			06 02	2015
Ste 2000	State Zin Code			
,	State Zip Code OH 43231		Transaction ID : D16610	0
Purpose of Disbursement				
Campaign contribution		1 !!	Amount of Each Disbursen	ment this Period
Candidate Name		Category/		2500.00
Rep. Pat Tiberi		Туре		2300.00
	nent For: 2016 Primary General			
President	Other (specify)			
State: OH District: 12				
<u> </u>				
SUBTOTAL of Disbursements This Page (optional)				6000.00
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TOTAL This Period (last page this line number only)		·····•		

SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 42 OF	49
ITEMIZED DISBURSEMENTS	Use separate schedule(sfor each category of the	s) (check only	one)	
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NAME OF COMMITTEE (In Full)	no and address of any por			•
American Academy of Family Phys	sicians Political Act	tion Committ	ee	
Full Name (Last, First, Middle Initial)				
A. PAT MEEHAN FOR CONGRESS			Date of Disbursement	
Mailing Address 50 S PROVIDENCE ROAD			06 02 2015	
maming statistics to be 1 Novi BeiNoe Novi B			00 02 2010	
,	State Zip Code		Transaction ID : D166102	
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Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Per	riod
Candidate Name		0.1	Amount of Each Biobarcoment this For	lou
Rep. Patrick Meehan		Category/ Type	1000.00)
•	ment For: 2016		, ,	
Senate	Primary General			
President	Other (specify) ▼			
State: PA District: 07				
Full Name (Last, First, Middle Initial) B. PAUL TONKO FOR CONGRESS			Date of Disbursement	
FAUL TONKO FOR CONGRESS			M M / D D / Y Y Y	
Mailing Address 911 Central Avenue			06 03 2015	
,	State Zip Code		Transaction ID : D166408	
Albany	State Zip Code NY 12206		Transaction ID : D166408	
			Transaction ID : D166408 Amount of Each Disbursement this Per	riod
Albany Purpose of Disbursement		Category/	Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko	NY 12206	Category/ Type		
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Disburser	NY 12206 ment For: 2016		Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Disburser	nent For: 2016 Primary General		Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate President Disburser	NY 12206 ment For: 2016		Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Disburser	nent For: 2016 Primary General		Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Per	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Disburser	ment For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Per 2500.00	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial)	ment For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Per 2500.00	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954	ment For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Per 2500.00 Date of Disbursement	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: House Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954	ment For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Per 2500.00 Date of Disbursement	
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954 City SAN BERNARDINO Purpose of Disbursement	nent For: 2016 Primary General Other (specify) State Zip Code		Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954 City SAN BERNARDINO Purpose of Disbursement Campaign contribution Candidate Name Rep. Pete Aguilar	ment For: 2016 Primary General Other (specify) State Zip Code CA 92423	Type	Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	riod
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954 City SAN BERNARDINO Purpose of Disbursement Campaign contribution Candidate Name Rep. Pete Aguilar	nent For: 2016 Primary General Other (specify) State Zip Code	Type Category/	Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	riod
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Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954 City SAN BERNARDINO Purpose of Disbursement Campaign contribution Candidate Name Rep. Pete Aguilar Office Sought: House Senate Disburser Disburser	ment For: 2016 Primary General Other (specify) ▼ State Zip Code CA 92423 ment For: 2016 Primary General	Type Category/	Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	riod
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Year House Senate President	ment For: 2016 Primary General Other (specify) State Zip Code CA 92423 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	riod
Albany Purpose of Disbursement Campaign contribution Candidate Name Rep. Paul Tonko Office Sought: Senate President State: NY District: 21 Full Name (Last, First, Middle Initial) C. PETE AGUILAR FOR CONGRESS Mailing Address PO BOX 10954 City SAN BERNARDINO Purpose of Disbursement Campaign contribution Candidate Name Rep. Pete Aguilar Office Sought: House Senate President Disburser Senate President	ment For: 2016 Primary General Other (specify) State Zip Code CA 92423 ment For: 2016 Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Per 2500.00 Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	riod

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 43 OF	49
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NAME OF COMMITTEE (In Full)	isiona Dalitiaal Aa			
American Academy of Family Phys	icians Political Ac	tion Committ	ee	
Full Name (Last, First, Middle Initial)				
A. A WHOLE LOT OF PEOPLE FOR GRIJALVA O	ONGRESSIONAL COM	MITTEE	Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address PO Box 1242			06 08 2015	
Cit.	State Zin Code			
City S Tucson	State Zip Code AZ 85702-1242		Transaction ID : D166427	
Purpose of Disbursement	7.= 00702 1242			
Campaign contribution		11 11	Amount of Each Disbursement this Perio	od
Candidate Name		Category/	0700.00	
Rep. Raul M. Grijalva		Type	2700.00	
	nent For: 2016			
	Primary General			
State: AZ District: 03	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
B. DR. RAUL RUIZ FOR CONGRESS	2		Date of Disbursement	
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Mailing Address 73373 COUNTRY CLUB DRIVE #	1904		06 08 2015	
,	State Zip Code		Transaction ID : D166437	
PALM DESERT Purpose of Disbursement	CA 92260			
Campaign contribution			Amount of Each Disbursement this Perio	od
Candidate Name		Category/		
Rep. Raul Ruiz		Type	5000.00	
	nent For: 2016			
	Primary General	I		
President State: CA District: 36	Other (specify)			
Full Name (Last, First, Middle Initial) C. RODNEY FOR CONGRESS			Date of Disbursement	
o. RODNET FOR CONGRESS			M M / D D / Y Y Y Y	
Mailing Address PO BOX 344			06 17 2015	
,	State Zip Code		Transaction ID : D166621	
TAYLORVILLE Purpose of Disbursement				
	IL 62568			
Campaign contribution	IL 62568		Amount of Each Disbursement this Perio	νd
	IL 62568	Category	Amount of Each Disbursement this Perio	od
Campaign contribution	IL 62568	Category/ Type	Amount of Each Disbursement this Perio	od
Campaign contribution Candidate Name Rep. Rodney Davis	nent For: 2016_			od
Campaign contribution Candidate Name Rep. Rodney Davis Office Sought: House Senate Disbursen	nent For: 2016 Primary General	Туре		od
Campaign contribution Candidate Name Rep. Rodney Davis Office Sought: House Senate President Disbursen	nent For: 2016	Туре		od
Campaign contribution Candidate Name Rep. Rodney Davis Office Sought: House Senate Disbursen	nent For: 2016 Primary General	Туре		od
Campaign contribution Candidate Name Rep. Rodney Davis Office Sought: House Senate President State: IL District: 13	nent For: 2016 Primary General Other (specify) ▼	Type I		od
Campaign contribution Candidate Name Rep. Rodney Davis Office Sought: House Senate President Disbursen	nent For: 2016 Primary General Other (specify) ▼	Type I	2500.00	od

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 44 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
American Academy of Family P	hysicians Political Acti	on Committ	ee
/	Try ordinario i Cililoar 7 toti	011 00111111111	
Full Name (Last, First, Middle Initial)	41 77 55		Data of Dichumanant
A. KIND FOR CONGRESS COMN	/IIIIEE		Date of Disbursement
Mailing Address 205 5th Avenue South			06 08 2015
City La Crosse	State Zip Code WI 54601		Transaction ID : D166439
Purpose of Disbursement	WI 5460 I		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Rep. Ron Kind		Type	2500.00
	ursement For: 2016		
Senate President	Primary General		
State: WI District: 03	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. SCOTT PETERS FOR CONGR	RESS		Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 70980			06 08 2015
	State Zip Code		
City	State Zip Code		
City WASHINGTON	DC 20024		Transaction ID: D166433
WASHINGTON Purpose of Disbursement			
WASHINGTON Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name		Category/	
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters	DC 20024	Category/ Type	Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters			Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Disb	DC 20024 ursement For: 2016		Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Disbursement Senate Disbursement Senate Disbursement Disb	DC 20024 ursement For: 2016 Primary General		Amount of Each Disbursement this Period
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial)	DC 20024 ursement For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52	DC 20024 ursement For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS	DC 20024 ursement For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial)	DC 20024 ursement For: 2016 Primary General		Amount of Each Disbursement this Period 2500.00 Date of Disbursement
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code		Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus	DC 20024 ursement For: 2016 Primary General Other (specify)		Amount of Each Disbursement this Period 2500.00 Date of Disbursement
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code		Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code	Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers	DC 20024 ursement For: 2016 ✓ Primary General Other (specify) ▼ State Zip Code OH 43220		Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Disb	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Senate Disb	DC 20024 ursement For: 2016 ✓ Primary General Other (specify) ▼ State Zip Code OH 43220 ursement For: 2016 ✓ Primary General	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Senate President Disb	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code OH 43220 ursement For: 2016	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Senate Disb	DC 20024 ursement For: 2016 ✓ Primary General Other (specify) ▼ State Zip Code OH 43220 ursement For: 2016 ✓ Primary General	Type Category/	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Senate President State: OH District: 15	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code OH 43220 ursement For: 2016 Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
WASHINGTON Purpose of Disbursement Campaign contribution Candidate Name Rep. Scott Peters Office Sought: House Senate President State: CA District: 52 Full Name (Last, First, Middle Initial) C. STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus Purpose of Disbursement Campaign contribution Candidate Name Rep. Steve Stivers Office Sought: House Senate President	DC 20024 ursement For: 2016 Primary General Other (specify) State Zip Code OH 43220 ursement For: 2016 Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement this Period 2500.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE B (FEC Form 3X)	11	, FOR LINE	NUMBER:	PAGE 45 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(for each category of the	(oncor only	,	04 🗆 05 — -
	Detailed Summary Page		22 X 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and S	Statements may not be sold or			
or for commercial purposes, other than using the				
NAME OF COMMITTEE (In Full)				
American Academy of Family F	Physicians Political Ac	tion Committ	ee	
/ Full Name (Last, First, Middle Initial)				
A. TOM REED FOR CONGRESS			Date of Disbursemen	t
			M M / D D	/ Y = Y = Y = Y
Mailing Address PO Box 10847			06 17	2015
City	State Zip Code			
Rochester	NY 14610-0847		Transaction ID : D1	66623
Purpose of Disbursement Campaign contribution			Amount of Each Disb	ursement this Period
Candidate Name		Category/		1500.00
Rep. Tom Reed		Type		1500.00
Office Sought: House Disk	oursement For: 2018 Primary General			
President	Primary General Other (specify) ▼			
State: NY District: 23	Curior (opeony)			
Full Name (Last, First, Middle Initial)				
B. SEARCHLIGHT LEADERSHIP	FUND		Date of Disbursemen	t
Mailing Address 426 C St NE Rear Building			06 08	2015
City	State Zip Code		Transaction ID : D1	66472
Washington Purpose of Disbursement	DC 20002			
Campaign contribution			Amount of Each Disb	ursement this Period
Candidate Name		Category/		
		Type	7	2500.00
	pursement For:			
Senate	Primary General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. BOB CASEY FOR SENATE IN	С		Date of Disbursemen	t
			M M / D D	/ Y Y Y Y Y
Mailing Address 30 SOUTH 15TH STREET SI	UITE 400		06 17	2015
City	State Zip Code			
PHILADELPHIA	PA 19102		Transaction ID : D1	66622
Purpose of Disbursement Campaign contribution				
Candidate Name			Amount of Each Disb	ursement this Period
Sen. Bob Casey		Category/ Type		1500.00
	oursement For: 2018	Туре	7	7
∑ Senate	Primary General			
President	Other (specify)			
State: PA District: 00				
				5500.00
SUBTOTAL of Disbursements This Page (option	nal)	·····		5500.00
TOTAL This Desired (In the Paris III)	- which			
TOTAL This Period (last page this line number	only)			- AD - 1 - AD - 1

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 4	6 OF 49
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only		
	for each category of the Detailed Summary Page	21b	22 🗶 23 24 2	25 26
	Botanoa Garrinary 1 ago	27	28a 28b 28c 2	29 30b
Any information copied from such Reports and State				
or for commercial purposes, other than using the na	me and address of any polit	ical committee to	solicit contributions from such com	mittee.
NAME OF COMMITTEE (In Full)				
American Academy of Family Phy	sicians Political Acti	ion Committ	ee	
Full Name (Last, First, Middle Initial)				
A. GEORGIANS FOR ISAKSON			Date of Disbursement	
AA-Thou Address DOOT OFFICE DOVICES			M M / D D / Y Y	
Mailing Address POST OFFICE BOX 250116			06 02 201	5
City	State Zip Code			
ATLANTA	GA 30325		Transaction ID : D166103	
Purpose of Disbursement				
Campaign contribution			Amount of Each Disbursement th	his Period
Candidate Name		Category/		
Sen. Johnny Isakson		Type	2	2500.00
Office Sought: House Disburse	ement For: 2016			
Senate X	Primary General			
President	Other (specify) ▼			
State: GA District: 00				
Full Name (Last, First, Middle Initial)				
B. FRIENDS OF MARK WARNER			Date of Disbursement	
NA 192			M = M / D = D / Y = Y	
Mailing Address 201 NORTH UNION STREET SU	JITE 300		06 08 201	5
City	State Zin Code			
City ALEXANDRIA	State Zip Code VA 22314		Transaction ID : D166425	
City ALEXANDRIA Purpose of Disbursement			Transaction ID : D166425	
ALEXANDRIA			Transaction ID : D166425 Amount of Each Disbursement the second of the	his Period
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name		Category/	Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution		Category/ Type	Amount of Each Disbursement the	his Period 2500.00
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse	VA 22314 ement For: 2020		Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse Senate	VA 22314		Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President Disburse	VA 22314 ement For: 2020		Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse Senate President State: VA District: 00	ement For: 2020 Primary General		Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse Senate President State: VA District: 00 Full Name (Last, First, Middle Initial)	ement For: 2020 Primary General		Amount of Each Disbursement the	
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse Senate President State: VA District: 00	ement For: 2020 Primary General		Amount of Each Disbursement the second of Each Disbursement th	2500.00
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO	ement For: 2020 Primary General		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Disburse Senate President State: VA District: 00 Full Name (Last, First, Middle Initial)	ement For: 2020 Primary General		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078	ement For: 2020 Primary General Other (specify)		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO	ement For: 2020 Primary General		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement	ement For: 2020 Primary General Other (specify) State Zip Code		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution	ement For: 2020 Primary General Other (specify) State Zip Code		Amount of Each Disbursement the second of Each Disbursement th	2500.00 Y Y 5
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name	ement For: 2020 Primary General Other (specify) State Zip Code	Type Category/	Date of Disbursement Date of Disbursement M M M / D D / Y Y Y O D D D / 201 Transaction ID: D166095 Amount of Each Disbursement the	y y 5 his Period
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael Bennet	ement For: 2020 Primary General Other (specify) State Zip Code CO 80201	Туре	Date of Disbursement Date of Disbursement M M M / D D / Y Y Y O D D D / 201 Transaction ID: D166095 Amount of Each Disbursement the	2500.00 Y Y 5
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House Senate President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael Bennet Office Sought: House Disburse	ement For: 2020 Primary General Other (specify) State Zip Code CO 80201	Type Category/	Date of Disbursement Date of Disbursement M M M / D D / Y Y Y O D D D / 201 Transaction ID: D166095 Amount of Each Disbursement the	y y 5 his Period
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House President President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael Bennet Office Sought: House Senate	ement For: 2020 Primary General Other (specify) State Zip Code CO 80201 ement For: 2016 Primary General	Type Category/	Date of Disbursement Date of Disbursement M M M / D D / Y Y Y O D D D / 201 Transaction ID: D166095 Amount of Each Disbursement the	y y 5 his Period
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ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House President President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael Bennet Office Sought: House Senate	ement For: 2020 Primary General Other (specify) State Zip Code CO 80201 ement For: 2016 Primary General	Type Category/	Date of Disbursement Date of Disbursement M M M / D D / Y Y Y O D D D / 201 Transaction ID: D166095 Amount of Each Disbursement the	y y 5 his Period
ALEXANDRIA Purpose of Disbursement Campaign contribution Candidate Name Sen. Mark Warner Office Sought: House President President State: VA District: 00 Full Name (Last, First, Middle Initial) C. BENNET FOR COLORADO Mailing Address PO BOX 3078 City DENVER Purpose of Disbursement Campaign contribution Candidate Name Sen. Michael Bennet Office Sought: House Senate President State: CO District: 00	ement For: 2020 Primary General Other (specify) State Zip Code CO 80201 ement For: 2016 Primary General Other (specify) Other (specify)	Category/ Type	Amount of Each Disbursement the second of Disbursement Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	2500.00 5 his Period 2500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 47 OF 49
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	for each category of the Detailed Summary Page	21b	22 🗙 23 24 25 26
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or for commercial purposes, other than using the nam	e and address of any politic	cal committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
$ \; angle$ American Academy of Family Phys	icians Political Action	on Committ	ee
Full Name (Last, First, Middle Initial)			
A. LEAHY FOR U.S. SENATOR COM	MITTEE		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO Box 1042			06 08 2015
City	ttata Zin Cada		
City S Montpelier	State Zip Code VT 05601-1042		Transaction ID: D166435
Purpose of Disbursement	000011042		
Campaign contribution		1 11	Amount of Each Disbursement this Period
Candidate Name		Category/	0500.00
Sen. Patrick J. Leahy		Туре	2500.00
	nent For: 2016		
	Primary General		
State: VT District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. PEOPLE FOR PATTY MURRAY			Date of Disbursement
TEOLET OKT / KITT MORKOVI			M = M / D = D / Y = Y = Y
Mailing Address PO BOX 3662			06 02 2015
•	state Zip Code WA 98124		Transaction ID : D166096
Purpose of Disbursement	WA 98124		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Patty Murray		Type	2500.00
	nent For: 2016		
	Primary Seneral		
State: WA District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. BLUMENTHAL FOR CONNECTIC	IT		Date of Disbursement
DEGINENTIAL FOR CONNECTION	<i>3</i> i		M M / D D / Y Y Y Y
Mailing Address 777 Summer St			06 08 2015
Ste 103			
,	tate Zip Code CT 06901-1085		Transaction ID : D166426
Purpose of Disbursement	00901-1005		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Richard Blumenthal		Type	2500.00
	nent For: 2016		
	Primary General		
	Other (specify) ▼		
State: CT District: 00			
SUBTOTAL of Disbursements This Page (optional)			7500.00
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 48 OF 49
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or for commercial purposes, other than using the name	e and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		_	
American Academy of Family Phys	icians Political Actio	n Committ	ee
/ Full Name (Last, First, Middle Initial)		Ť	
A. PORTMAN FOR SENATE COMMI	TTEE		Date of Disbursement
TORTIVIANT OR GENATIE COMMINI			M M / D D / Y Y Y Y
Mailing Address 9856 ARCHER LANE			06 08 2015
,	State Zip Code OH 43017		Transaction ID : D166428
Purpose of Disbursement	43017		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	
Sen. Rob Portman		Type	2500.00
	nent For: 2016		
	Primary General		
State: OH District: 00	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
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Mailing Address			
City	state Zip Code		
Purpose of Disbursement			
. ,			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
Office Sought: House Disbursem			
	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
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Mailing Address			
City	state Zip Code		
Purpose of Disbursement			
·		11	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Туре	
Office Sought: House Disbursen			
	Primary General		
State: District:	Other (specify) ▼		
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 49 OF 49	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		(check only one)	
		21b	22 23 24 25 26	
	, ,	27	X 28a 28b 28c 29 30	
Any information copied from such Reports and Statem or for commercial purposes, other than using the name				
	le and address of any politic	car committee to	Solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	isiona Dalitical Astic	- Committ		
American Academy of Family Phys	icians Political Actio	on Committ	iee	
Full Name (Last, First, Middle Initial)				
A. Mr. George Jamil Salfity			Date of Disbursement	
Mailing Address 25 Wilson Dr			06 03 2015	
City	State Zip Code		Transaction ID - D407000	
Carmel	IN 46032-2058		Transaction ID: D167298	
Purpose of Disbursement Refund of 4/1/2015 contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/	50.00	
		Туре	50.00	
Office Sought: House Disbursen				
	Primary General Other (specify)			
State: District:	Offier (specify)			
Full Name (Last, First, Middle Initial)				
B. Dr. Jose Alves Silva MD			Date of Disbursement	
DI. JUSE AIVES SIIVA IVID			06 24 2015	
Mailing Address 175 Ward St.				
City	State Zip Code		Transaction ID : D167273	
Revere	AL		Transaction ID . D107273	
Purpose of Disbursement Refund of 4/24/2015 contribution			Amount of Each Disbursement this Period	
Candidate Name		Category/		
		Type	20.00	
Office Sought: House Disbursen	nent For:			
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) C.			Date of Disbursement	
.			M M / D D / Y Y Y Y	
Mailing Address			W - W / D - D / T - T - T - T	
City	State Zip Code			
,	r			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	
Candidate Name		Category/		
Office Sought: House Disbursen	nent For:	Type		
	Primary General			
	Other (specify)			
State: District:	(opoon)/ ▼			
SUBTOTAL of Disbursements This Page (optional)			70.00	
TOTAL This Period (last page this line number only).			70.00	